

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/691056 FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1					
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		14		1		
TOTAL	1	14	1	1		

15

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
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